

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90227 029 ***158.75

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1. Entity Name

PERKY CONCOCTIONS, INC.

Principal Place of Business

2814 CHUMLEIGH CIRCLE
TALLAHASSEE FL 32309

Mailing Address

2814 CHUMLEIGH CIRCLE
TALLAHASSEE FL 32309



2. Principal Place of Business

2949 Alexis Lane
Suite, Apt. #, etc.

3. Mailing Address

2949 Alexis Lane
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Tallahassee, FL
Zip 32308 Country Leon

City & State

Tallahassee, FL
Zip 32308 Country Leon

4. FEI Number

35-2189151

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GABOURY, CYNTHIA DR.
2814 CHUMLEIGH CIRCLE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

Jessica Gaboury

Street Address (P.O. Box Number is Not Acceptable)

2949 Alexis Lane

City

Tallahassee

FL

Zip Code 32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.



Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME GABOURY, CYNTHIA DR.
STREET ADDRESS 2814 CHUMLEIGH CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Cynthia Gaboury Dr.
STREET ADDRESS 2949 Alexis Lane
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

4/21/05

850-878-1171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #